

**ARANSAS COUNTY CLERK  
VALERIE K. AMASON  
301 N. LIVE OAK  
ROCKPORT, TEXAS 78382  
361-790-0122**

**APPLICATION FOR A CERTIFIED COPY OF MARRIAGE LICENSE BY MAIL**

PLEASE PRINT THE INFORMATION LISTED ON MARRIAGE LICENSE BELOW:

1. NAME OF APPLICANT 1: \_\_\_\_\_  
(NAME AT THE TIME MARRIAGE LICENSE WAS ISSUED)

2. NAME OF APPLICANT 2: \_\_\_\_\_  
(NAME AT THE TIME MARRIAGE LICENSE WAS ISSUED)

3. DATE OF MARRIAGE: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. REQUESTOR'S INFORMATION: NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

5. I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services. Yes \_\_\_ No \_\_\_

6. For further communications please add Email: \_\_\_\_\_

REQUESTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**C/Copy of Marriage License  
Fee: \$8.00 each  
Total Costs: \_\_\_\_\_  
(Money Orders Only)**